

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE ASSURANCE FUND
DIRECT PAYMENT APPLICATION
DP-4: TABLE OF SUBSTITUTION

For Direct Payment Request # _____ and Preapproval Application # _____

Worksheet Column 13 Footnote# _____											
						PREAPPROVAL APPLICATION					
Direct Pay Activity/ Description	Unit	Number of Units	Unit Rate	Markup	Total Cost	Preapproval Line No.	Preapproved Activity/ Unit Description	Number of Units	Unit Rate	Markup	Total Cost
Worksheet Column 13 Footnote# _____											
						PREAPPROVAL APPLICATION					
Direct Pay Activity/ Description	Unit	Number of Units	Unit Rate	Markup	Total Cost	Preapproval Line No.	Preapproved Activity/ Unit Description	Number of Units	Unit Rate	Markup	Total Cost
Worksheet Column 13 Footnote# _____											
						PREAPPROVAL APPLICATION					
Direct Pay Activity/ Description	Unit	Number of Units	Unit Rate	Markup	Total Cost	Preapproval Line No.	Preapproved Activity/ Unit Description	Number of Units	Unit Rate	Markup	Total Cost

- ☐ For any items identified above that do not meet the requirements for substitution, I request those costs to be evaluated under A.R.S. § 49-1054(C)(2), for costs that would cause an exceedance of the total preapproved amount.